PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number

10693774

	CLAIMS AS FILED - PART I							Chiala Same					
TOTAL CLAIMS			(Colu	(Column 1)		(Column 2)		SMALL ENTITY TYPE			OTHER THAN		
╟		15 						RATE	FEI		RAT		
Ľ	FOR		NUMBI	NUMBER FILED		NUMBER EXTRA		BASIC FI	EE 150.	00	R BASIC F		
Ľ	TOTAL CHARG	EABLE CLAIMS		minus 20=		•		X\$ 25=					
I	NDEPENDENT	CLAIMS		minus 3 = *		_		X100=		 °	`	+	
MULTIPLE DEPENDENT CLAIM PRESENT						П		X100=		_ 0	X200	<u> </u>	
* If the difference in column 1 is less than zero, enter								+180=		Of	+360=		
					column 2		TOTAL		OF	TOTAL			
	•	CLAIMS AS (Column 1)	CMALL				R THAN						
4	11.221	CLAIMS	-	(Colum		(Column 3)) г	SMALL	ENTITY	_	SMAL	LENTITY	
AMENDMENT A	11-2/9	REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI TIONA FEE		RATE	ADDI- TIONAL FEE	
	Total	. 8	Minus	J - 3	6	=		X\$ 25=		OR	X\$50=		
	Independent FIRST PRES	ENTATION OF M	Minus	*** (<u> </u>	= ~	Ī	X100=		OR	X200=	1	
_			OCHI-LE DE	PENDENT	CLAIM		T	+180=	1	7	+360=		
		•					L	TOTAL	-	OR			
		(Column 1)		(Columi	n 21	(Column 3)	A	DDIT. FEE	L`	J OH	ADDIT. FEE		
AMENDMENT B		HIGHE	HIGHEST				4001	,					
		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	SLY	PRESENT EXTRA	L	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	** ;		=		X\$ 25=		OR	X\$50≈		
	Independent	*	Minus	***		=	1	X100=	,		X200=	-	
	FIRST PHESE	NTATION OF MU	ILTIPLE DEI	PENDENT C	LAIM		F			OR	. X200≈		
						٠	Ŀ	+180=		OR	+360=		
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7		(Column 1) CLAIMS		(Column		Column 3)		•				10	
		REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FOI	R SLY	PRESENT EXTRA			ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	*	Minus	**	=		T _x	\$ 25=	FEE		X\$50=	FEE	
	Independent		Minus	***	-					OR			
1	FIRST PRESE	NTATION OF MU		Ľ	100=		OR	X200=					
lf:	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	+360=		
}f	the "Highest Nurr	iber Previously Pak iber Previously Paid	I FOR IN THIS	SPACE is les	s than 2	0, enter *20.*	ADD	TOTAL IT. FEE		OR A	TOTAL DOIT. FEE		
		er Previously Paid	ron (Hoven cur	irioependeni) i	ıs the hiç	ghest number fo	und i	n the appro	priate box	in colur	mn 1.		
	TO 975 /Day 108											•	